	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 482 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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\	NAME OF COMMITTEE (In Full) Republican Party of Florida-Federal Camp	paign Co	mmittee	
A.	The Lending Source, Inc.	State FL C Occupation Mortgage Aggregate		Date of Receipt M M M / 24 / 2006 Transaction ID: 61025.C1369701 Amount of Each Receipt this Period 500.00 Receipt
3.	I P Health Services Inc.	State FL C Occupation Health Ca Aggregate		Date of Receipt M M M / 23 / 2006 Transaction ID: 61128.C1372567 Amount of Each Receipt this Period 5000.00 Receipt
C .	Self-employéd 5	State FL C Occupation Honey Pr Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				